



State of Maryland

Department of Health and Mental Hygiene

VARIANCE REQUEST APPLICATION

NAME OF OWNER _____

ADDRESS OF OWNER _____

NAME OF YOUTH CAMP _____

ADDRESS _____

TYPE OF FACILITY:

_____ DAY CAMP _____ RESIDENTIAL CAMP
_____ TRAVEL CAMP _____ TRIP CAMP

SPECIFY APPLICABLE REGULATION TO WHICH THE VARIANCE REQUEST PERTAINS

EXPLAIN THE REASON FOR THE VARIANCE REQUEST _____

GIVE SPECIFIC DETAILS OF THE ALTERNATIVE PROCEDURE PROPOSED _____

OWNER/AUTHORIZED REPRESENTATIVE SIGNATURE

PHONE #

DATE

Office Use Only

Is the application justified due to physical limitation of the existing layout of the facility? Yes _____ No _____

Does the alternative procedure meet or produce the intended effect of the regulation? Yes _____ No _____

Does the alternative procedure maintain the protection of the health and safety of the individuals using the facility at or above the level required by the regulation? Yes _____ No _____

Variance request is approved _____ disapproved _____ (see above reason)

Sanitarian's signature _____